

## **Table of Contents:**

### **Collection of Participant/Client Satisfaction Items**

**Directions:** Below is a collection of possible items that can be used on a participant/client satisfaction tool. You can use any of the items as they appear or modify them to better meet the needs of your TeenSMART Outreach program. **When creating your tool, you can use as few or as many items as you want. You can also create your own items.**

The collection of possible items is divided into the following four parts:

	Page #
<b>Part A: Potential Items for Student/Participant Reaction to Presentations</b>	<b>35</b>
The items in Part A could be used or modified for use on a survey for presentation participants. Items that address the following areas are included in Part A.	
• Demographics	35
• General Reactions to the Presentation	35
• Reactions to Presentation Length	36
• Appropriateness of the Presentation for Other Students Their Age	36
• Presentation Impact on Learning Anything New/Important	37
• Presentation Impact on Understanding/Comfort/Communication re: Body Changes	38
• Presentation Impact on Expressing Sexual Limits/Resisting Pressure	38
• Presentation Coverage/Impact on Understanding/Comfort/Communication re: Condoms/Birth Control	40
• Suggestions for Improvement	40
• Likelihood Will Use Information Provided in Presentation	40
• Presenter Qualities	41
• Interactions with Peer Outreach Workers	41
<b>Part B: Potential Items for Teacher Reaction to Presentations</b>	<b>42</b>
The items in Part B could be used or modified for use on a survey for teachers in the classrooms in which your presentation is delivered.	
<b>Part C: Potential Items for CBO Reaction to Presentations</b>	<b>44</b>
The items in Part C could be used or modified for use on a survey for representatives from community-based organizations in which your presentation is delivered.	
<b>Part D: Potential Items for Client Reaction to Clinical Services</b>	<b>46</b>
The items in Part D could be used or modified for use on a survey for clients in clinic settings. Items that address the following areas are included in Part D.	
• Knowledge of Clinic/Referral Type/Access	46
• Type of Services Received	47
• Clinic Environment	48
• Interactions with Clinic Staff	48

## Collection of Participant/Client Satisfaction Items

### Part A: Potential Items for Student/Participant Reaction to Presentations

Please use the demographic items, as is, on a survey for presentation participants. The remaining items in Part A could be used or modified for use on a survey for presentation participants.

#### Demographics

Gender:

**Female**

1

**Male**

2

Age: \_\_\_\_\_ years

Which ethnic group best describes you?

**African  
American**

1

**Asian/  
Pacific  
Islander/  
Filipino**

2

**Latino/  
Hispanic**

3

**Native  
American**

4

**Mixed  
race**

5

**White  
(non-  
Hispanic)**

6

**Other:**

\_\_\_\_\_

7

How long have you been in the United States?

**I was born in the U.S.**

1

**Less than one year**

2

**One to three years**

3

**Four to six years**

4

**More than six years**

5

#### General Reactions to the Presentation

What did you think of the presentation?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

Overall, what did you think of today's presentation?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

Overall, how would you rate the presentation?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

Overall, I think the presentation was:

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

The presentation was enjoyable.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The characters in the (skits, videos, stories) seemed like people I might meet or know.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The characters in the (role plays, videos, stories) were in situations which I could relate to.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

What did you like best about this presentation?

What did you like least about this presentation?

What was your favorite activity?

### Reactions to Presentation Length

The length of the presentation was:

<b>Much too Short</b>	<b>Too Short</b>	<b>Just Right</b>	<b>Too Long</b>	<b>Much too Long</b>
1	2	3	4	5

### Appropriateness of the Presentation for Other Students Their Age

Should this presentation be given to other students your age?

<b>Yes</b>	<b>No</b>
1	2

### Alternative answer choices:

Should this presentation be given to other students your age?

<b>Definitely No</b>	<b>Probably No</b>	<b>Not Sure</b>	<b>Probably Yes</b>	<b>Definitely Yes</b>
1	2	3	4	5

Should a sex education presentation like this one be given to other students your age?

**Yes**

1

**No**

2

**Alternative answer choices:**

Should a sex education presentation like this one be given to other students your age?

**Definitely No**

1

**Probably No**

2

**Not Sure**

3

**Probably Yes**

4

**Definitely Yes**

5

Were the skits realistic for people your age?

**Yes**

1

**No**

2

**Alternative answer choices:**

Were the skits realistic for people your age?

**Definitely No**

1

**Probably No**

2

**Don't Remember**

3

**Probably Yes**

4

**Definitely Yes**

5

**Presentation Impact on Learning Anything New/Important**

Did you learn anything new from this presentation?

**Yes, a lot**

1

**Yes, a little**

2

**No**

3

Did you learn anything about how to get services at a clinic from this presentation?

**Yes, a lot**

1

**Yes, a little**

2

**No**

3

Did you learn anything new from the presentation about condoms?

**Yes, a lot**

1

**Yes, a little**

2

**No**

3

Did you learn anything new from the presentation about the different forms of birth control that are available to you?

**Yes, a lot**

1

**Yes, a little**

2

**No**

3

I learned new information about HIV and other sexually transmitted infections from this presentation.

**Strongly Disagree**

1

**Disagree**

2

**Agree**

3

**Strongly Agree**

4

What was the most important thing you learned from this presentation?

What will you do differently from attending this presentation?

**Note:** The following Presentation Impact items should only be used on a satisfaction tool if your presentation covers the topics described.

### **Presentation Impact on Understanding/Comfort/Communication re: Body Changes**

Because of this presentation, do you have a better idea of what changes will happen to your body?

<b>Yes, a lot better</b>	<b>Yes, a little better</b>	<b>No</b>
1	2	3

Because of this presentation, do you feel more comfortable with how your body works?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this presentation, will you be able to talk with your parents or other adults more easily about your body and how it is changing?

<b>Yes, it will be a lot easier</b>	<b>Yes, it will be a little easier</b>	<b>No, it won't be any easier</b>
1	2	3

### **Presentation Impact on Expressing Sexual Limits/Resisting Pressure**

Because of the presentation, are you more aware of situations that could lead to sex?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Because of the presentation, are you more aware of situations that could make it hard to stick with your limit?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Was it helpful to learn how to resist pressure in situations that could lead to sex?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Was it helpful to learn how to tell someone where you "draw the line"?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Was it helpful to learn how to tell your friends “no” when they’re pressuring you?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Did the presentation give you ideas on ways you could stick to your limit?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Because of the presentation, is it easier for you to draw the line?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Because of the presentation, did you learn that pressuring your friends may hurt your friendship?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Because of the presentation, did you learn ways to show your friends you respect their lines?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

Suppose you decided you did not want to have sex until you were older. Did this presentation help you feel more comfortable telling someone you don’t want to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Suppose someone you liked wanted to have sexual intercourse with you but you did not want to. Because of this presentation, would you feel more comfortable telling that person you don’t want to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this presentation, do you feel more comfortable telling a partner your limits on sexual activity?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this presentation, do you feel more comfortable telling someone you don’t want to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

### Presentation Coverage/Impact on Understanding/Comfort/Communication re: Condoms/Birth Control

The time we spent learning to use condoms was:

<b>Much too Short</b>	<b>Too Short</b>	<b>Just Right</b>	<b>Too Long</b>	<b>Much too Long</b>
1	2	3	4	5

The time we spent learning about different birth control methods was:

<b>Much too Short</b>	<b>Too Short</b>	<b>Just Right</b>	<b>Too Long</b>	<b>Much too Long</b>
1	2	3	4	5

Suppose you decided you did not want to have sex without using protection. Did this presentation help you feel more comfortable telling someone you wanted to use a condom and other protection if you were going to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this presentation, do you feel more comfortable talking with a boyfriend or girlfriend about condoms?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

The information I learned about methods of protection will make it easier for me to practice safer sex now or in the future.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

I feel as if I have more choices about safer sex after attending the presentation.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

### Suggestions for Improvement

Is there anything else you would have liked to learn?

If you could change one thing about the presentation, what would you change?

### Likelihood Will Use Information Provided in Presentation

I will be able to use the information I learned in the presentation.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

I will be able to go to a clinic and ask for family planning services.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

Do you think you will use any of the ideas you learned today in the next three months?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

### Presenter Qualities

**Note:** You do not need to include all of the Presenter Quality items listed below on your survey. Please select the Presenter Quality items that are most appropriate for your program.

How important is it that the presenters for X program (INSERT PROGRAM NAME) have the following qualities?

<b>Qualities</b>	<b>Not at all important</b>	<b>Not very important</b>	<b>Neutral</b>	<b>Kind of important</b>	<b>Very important</b>
They are open and honest	1	2	3	4	5
They are “real”	1	2	3	4	5
They care about my issues	1	2	3	4	5
They are trustworthy	1	2	3	4	5
They are the same race/ethnicity as me	1	2	3	4	5
They are the same gender (male or female) as I am	1	2	3	4	5
They listen well	1	2	3	4	5
They have been in the same situation as I have	1	2	3	4	5
They come from the same community or neighborhood that I do	1	2	3	4	5

### Interactions with Peer Outreach Workers

Overall, I think the peer outreach workers were:

<b>Not at all helpful</b>	<b>Not very helpful</b>	<b>Neutral</b>	<b>A little helpful</b>	<b>Very helpful</b>
1	2	3	4	5

How comfortable did you feel talking with the peer outreach workers?

<b>Not at all comfortable</b>	<b>Not very comfortable</b>	<b>Neutral</b>	<b>A little comfortable</b>	<b>Very comfortable</b>
1	2	3	4	5

How well did the peer outreach workers relate to you?

<b>Not at all well</b>	<b>Not very well</b>	<b>Neutral</b>	<b>Somewhat well</b>	<b>Very well</b>
1	2	3	4	5



How well did the peer outreach workers answer your questions?

<b>Not at all well</b>	<b>Not very well</b>	<b>Neutral</b>	<b>Somewhat well</b>	<b>Very well</b>
1	2	3	4	5

The peer outreach workers really cared about me and my issues.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

I felt I could trust the peer outreach workers.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The peer outreach workers really listened to me.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The peer outreach workers knew a lot of information about pregnancy prevention.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

### **Part B: Potential Items for Teacher Reaction to Presentations**

The items in Part B could be used or modified for use on a survey for teachers in the classrooms in which your presentation is delivered.

#### **Teacher Satisfaction**

What did you think of the orientation/information you received today?

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

What did you think of the presenter?

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

How effective was the presenter?

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

Overall, I think the presenter was:

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

The way the presentation was given made it easy for me to learn the information.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The presenter was well prepared.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The presenter was able to relate well to my students.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The content of the presentation was relevant for my students.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The teaching strategies were appropriate for my students.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The presenter was able to answer students' questions accurately.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

My students learned new information and/or skills.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

This is an important presentation to include at my school.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

Overall, how would you rate the presentation for youth in alternative school settings?

<b>Waste of time</b>	<b>Good, but not worth the time</b>	<b>Good and worth the time</b>	<b>Essential</b>
1	2	3	4

## Part C: Potential Items for CBO Reaction to Presentations

The items in Part C could be used or modified for use on a survey for representatives from community-based organizations to which your presentation is delivered.

### CBO Satisfaction

How many meetings with the clinic staff have you had? \_\_\_\_\_meetings

Do you have regular meetings with the clinic staff?

**Yes**

1

**No**

2

What did you think of the orientation/information you received today?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

What did you think of the presenter?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

How effective was the presenter?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

Overall, I think the presenter was:

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

The way the presentation was given made it easy for me to learn the information.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The presenter was well prepared.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The presenter was able to relate well to my staff.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The content of the presentation was relevant for my staff.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The teaching strategies were appropriate for my staff.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The presenter was able to answer staff questions accurately.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

My staff learned new information and/or skills.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

This is an important presentation to include at my organization.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

Overall, how would you rate the presentation for CBOs?

<b>Waste of time</b>	<b>Good, but not worth the time</b>	<b>Good and worth the time</b>	<b>Essential</b>
1	2	3	4

Based on the information you received today, do you think teens would benefit from going to the clinic?

<b>Yes, a lot</b>	<b>Yes, a little</b>	<b>No</b>
1	2	3

Based on the information you received today, would you be more comfortable referring teens to the clinic?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Based on the information you received today, would you be more likely to refer teens to the clinic?

<b>Yes, a lot more likely</b>	<b>Yes, a little more likely</b>	<b>No</b>
1	2	3

Based on the information you received today, would you be more likely to recommend this clinic to other CBOs?

<b>Yes, a lot more likely</b>	<b>Yes, a little more likely</b>	<b>No</b>
1	2	3

## **Part D: Potential Items for Client Reaction to Clinical Services**

The items in Part D could be used or modified for use on a survey for clients in clinic settings.

**Note:** The first two questions listed below about knowledge of clinic/referral type are already included on the Statewide Evaluation Survey for new clients. Please only include these two questions on surveys that you administer to returning clients.

### **Clinical Services**

#### **Knowledge of Clinic/Referral Type/Access**

How did you hear about this clinic? (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Talking to someone who works at the clinic | <input type="checkbox"/> Boyfriend/Girlfriend                       |
| <input type="checkbox"/> From a presentation                        | <input type="checkbox"/> Advertisement (TV, radio, newspaper, etc.) |
| <input type="checkbox"/> At a program for teens                     | <input type="checkbox"/> Flyer or brochure                          |
| <input type="checkbox"/> Doctor or nurse                            | <input type="checkbox"/> I saw the clinic from the street           |
| <input type="checkbox"/> Friends                                    | <input type="checkbox"/> Health fair                                |
| <input type="checkbox"/> Family                                     | <input type="checkbox"/> Other: _____                               |

Why did you choose to come to this clinic today? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Free or low-cost services   | <input type="checkbox"/> Confidential services                      |
| <input type="checkbox"/> Convenient hours  | <input type="checkbox"/> Only place that I know about               |
| <input type="checkbox"/> Convenient location (easy transportation, or near my house, work or school) | <input type="checkbox"/> I was seen here for other care             |
| <input type="checkbox"/> A counselor/teacher suggested I come here                                   | <input type="checkbox"/> I was referred by another doctor or clinic |
| <input type="checkbox"/> A friend suggested I come here  | <input type="checkbox"/> Teens work here                            |
|  | <input type="checkbox"/> Other: _____                               |

What do you think are the greatest barriers or challenges for teens coming to this clinic (Mark all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of transportation/client distance from the clinic       | <input type="checkbox"/> Anxiety about physical exam   |
| <input type="checkbox"/> Inconvenient clinic hours and/or location                    | <input type="checkbox"/> Embarrassment   |
| <input type="checkbox"/> Misinformation about services and fees                       | <input type="checkbox"/> Confidentiality concerns (fear parents/family/friends may find out they came) |
| <input type="checkbox"/> Long wait times (to schedule appointment or in waiting room) | <input type="checkbox"/> Other, specify: _____   |
| <input type="checkbox"/> Lack of knowledge about clinic                               |  |

**Type of Services Received**

How often have you used this clinic before today?

- ☐ First time, new to clinic
- ☐ 1 other time
- ☐ More than 2 times

What type of services did you come for today? (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Pregnancy Testing                             | <input type="checkbox"/> Gynecological Problems                        |
| <input type="checkbox"/> STI/HIV Screening/Treatment                   | <input type="checkbox"/> Breast Exam/Testicular Exam                   |
| <input type="checkbox"/> Reproductive Health Education and Counseling  | <input type="checkbox"/> Reproductive Health Exam, Including Pap Smear |
| <input type="checkbox"/> Birth Control Method Education and Counseling | <input type="checkbox"/> Emergency Contraception                       |
| <input type="checkbox"/> Birth Control Method Management               | <input type="checkbox"/> Other, specify: _____                         |

Did you get the Services you came for?

<b>Yes</b>	<b>No</b>
1	2

If no, please explain.

Were you given the information you needed today?

<b>Yes</b>	<b>No</b>
1	2

If yes, how was the information presented to you? (Mark all that apply)

\_\_\_ Written \_\_\_ Verbal \_\_\_ Video \_\_\_ Other

How clear was the information you received today?

<b>Not at all Clear</b>	<b>Somewhat Clear</b>	<b>Very Clear</b>
1	2	3

**Clinic Environment**

How was the waiting room?

What was the room like where you received services (i.e. clean, comfortable, private, cold)?

What areas of the clinic do you think need improvement? *(For example the waiting room, the reception area, the laboratory, or any other area you visited)*

What do you like most about this clinic?

What do you think could be done to improve the services here?

How long did you have to wait to get services today?

- ☐ Less than 30 minutes
- ☐ More than 30 minutes
- ☐ More than 1 hour
- ☐ Other, specify: \_\_\_\_\_

**Interactions with Clinic Staff**

Were you given the opportunity to ask private, personal questions?

<b>Yes</b>	<b>No</b>
1	2

How comfortable did you feel talking with clinic staff?

<b>Not at all comfortable</b>	<b>Not very comfortable</b>	<b>Neutral</b>	<b>A little comfortable</b>	<b>Very comfortable</b>
1	2	3	4	5

How well did the clinic staff relate to you?

**Not at all well**  
1

**Not very well**  
2

**Neutral**  
3

**Somewhat well**  
4

**Very well**  
5

How well did the clinic staff answer your questions?

**Not at all well**  
1

**Not very well**  
2

**Neutral**  
3

**Somewhat well**  
4

**Very well**  
5

Overall, I think the clinic staff was:

**Not at all helpful**  
1

**Not very helpful**  
2

**Neutral**  
3

**A little helpful**  
4

**Very helpful**  
5

The person I talked with really cared about me and my issues.

**Strongly Disagree**  
1

**Disagree**  
2

**Neutral**  
3

**Agree**  
4

**Strongly Agree**  
5

I felt I could trust the person I talked with.

**Strongly Disagree**  
1

**Disagree**  
2

**Neutral**  
3

**Agree**  
4

**Strongly Agree**  
5

The person I talked with really listened to me.

**Strongly Disagree**  
1

**Disagree**  
2

**Neutral**  
3

**Agree**  
4

**Strongly Agree**  
5

The length of the one-on-one session was:

**Much too Short**  
1

**Too Short**  
2

**Just Right**  
3

**Too Long**  
4

**Much too Long**  
5